UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20540

FORM D

OMB APPROVAL	
OMB Number: 3235-0076	
Expires: May 31, 2002	
Estimated average burden hours per response: 1	



NOTICE OF SALE OF SECURIT PURSUANT TO REGULATION D SECTION 4(6), AND/OR

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Postal Service abbreviation for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal

		A. BASIC IDE	NTIFICATION DA	TA				
2. Enter the information req	uested for the foll	owing:						
• Each promoter of th	• Each promoter of the issuer, if the issuer has been organized within the past five years;							
 Each beneficial own of the issuer; 	er having the pow	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities			
		corporate issuers and of co	orporate general and manag	ging partners of pa	rtnership issuers; and			
Each general and ma	anaging partner o	f partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		□ Director	General and/or Managing Partner			
Full Name (Last name first, if i	individual)				,			
Tomasello, Derek Business or Residence Address	(Number and St	reat City State Zin Code)						
15685 SW 116 th , Suite 109, Ki								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if i	individual)							
Shannon, Colleen								
Business or Residence Address 15685 SW 116 th , Suite 109, Ki	•							
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if i	individual)							
Business or Residence Address	(Number and St	reet, City, State, Zip Code)						
15685 SW 116 th , Suite 109, Ki								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if i Brophy, Dennis	individual)							
Business or Residence Address 15685 SW 116 th , Suite 109, Ki								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if i Underwood, Kurt	individual)							
Business or Residence Address	Number and St	reet City State 7in Code)	V V V V V V V V V V V V V V V V V V V					
15685 SW 116 th , Suite 109, Ki								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if i	individual)							
Business or Residence Address	s (Number and St	reet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								

[34672-0001/PA012830.031] 2 of 8 SEC 1972 (6/99)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING					
	Yes No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	<u>X</u>				
Answer also in Appendix, Column 2, if filing under ULOE.					
	e NI/A				
2. What is the minimum investment that will be accepted from any individual?					
	Yes No				
3. Does the offering permit joint ownership of a single unit?					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Walter Walter Brank				
(Check "All States" or check individual States)					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI] [ID]				
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS] [MO]				
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR] [PA]				
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY] [PR]				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)	☐ All States				
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY] [PR]				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	□ A11.04-4				
(Check "All States" or check individual States)	☐- All States [HI] [ID]				
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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR] [PA]				

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[VA] [WA]

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[TN] [TX] [UT] [VT]

[RI] [SC]

[SD]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box
and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt _____ 15,378 15,378 ⊠ Common ☐ Preferred Convertible Securities (including warrants)..... __0 Partnership Interests. Other (Specify Total 15,378 15,378 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 13,318 2,060 Non-accredited Investors Total (for filings under Rule 504 only)..... 11 15,378 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505 Regulation A 0 Rule 504..... Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 0 \boxtimes 5,000 Legal Fees Accounting Fees..... \$____0 Engineering Fees Sales Commissions (specify finders' fees separately).....

5.000

X

Total

	C. OFFERING PRICE, NI	JMBER OF INVESTORS, EXPE	NSES	AND USE OF	PROC	EEDS	
	Question 1 and total expenses furnished in re	regate offering price given in response to I sponse to Part C - Question 4.a. This difference	ce is the	e		\$	10,378
5.	for each of the purposes shown. If the amount	oss proceeds to the issuer used or proposed to the for any purpose is not known, furnish an estime the total of the payments listed must equal the tin response to Part C - Question 4.b above.	nate and	i			
				Payments to Officers Directors, & Affiliate			nents to thers
	Salaries and fees			\$0		\$	0
	Purchase of real estate			\$0		\$	0
	Purchase, rental or leasing and installation of	nachinery and equipment		\$ <u>0</u>		\$	0
	Construction or leasing of plant buildings and	facilities		\$ <u> </u>		\$	0
	Acquisition of other businesses (including the offering that may be used in exchange for the	assets or securities of another issuer		6 0		o.	0
	pursuant to a merger)			\$ <u> </u>		. \$	
	Repayment of indebtedness			\$0		\$	
	Working capital			\$0	⊠	\$	10,378
	Other (specify):			\$ <u> </u>		\$	0
				\$0		\$	0
	Column Totals			\$ <u> </u>		\$	0
Total Payments Listed (column totals added)				⊠ \$_	10,	<u>378</u>	
		D. FEDERAL SIGNATURE	£	<u>.</u>			
nde	issuer has duly caused this notice to be signed by the ertaking by the issuer to furnish to the U.S. Securitie edited investor pursuant to paragraph (b)(2) of Rule	s and Exchange Commission, upon written request	is filed of its sta	under Rule 505, the foll	owing sign shed by th	nature cons e issuer to	stitutes an any non-
ssu	er (Print or Type)	Signature		Date			
om	ıbi Corp.	9-99-06-		October 15, 2001			
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
)er	ek Tomasello	President					
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)